

REQUEST TO CHANGE THE DAYS YOU WORK DURING THE SAME WEEK ON A TEMPORARY BASIS.

→FOR TIME OFF, PLEASE USE THE REQUEST FOR TIME OFF FORM.

(PLEASE PRINT)		
EMPLOYEE NAME:		
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							WEEK 1
REGULAR SCHEDULE:	From (date):		To (date):	To (date):		Total Weekly Regular Hours:	
	SUN	MON	TUES	WED	THURS	FRI	SAT
HOURS:							
NEW SCHEDULE:	From (date):		To (date):	To (date):		Total Weekly NEW Hours:	
:	SUN	MON	TUES	WED	THURS	FRI	SAT
HOURS:							
OTHER EXPLANATION OR COMMENT:							

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

WEEK 2

REGULAR SCHEDULE:	From (date):		To (date):	To (date):		Total Weekly Regular Hours:	
	SUN	MON	TUES	WED	THURS	FRI	SAT
HOURS:							
NEW SCHEDULE:	From (date):		To (date):	To (date):		Total Weekly NEW Hours:	
	SUN	MON	TUES	WED	THURS	FRI	SAT
HOURS:							
OTHER EXPLANATION OR COMMENT:							

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

DATE

DATE

Fax completed form to (916) 983-5924

BURGER REHABILITATION SYSTEMS, INC. BURGER ASSOCIATES, INC. & CVPT CORPORATION 1301 E. BIDWELL STREET, FOLSOM, CA 95630